



**COMPLAINT - FOLLOW UP**

No 313-481-A (Rev. 4-8-21)

**INFORMATIONAL**

**Robbery**

Date Arrested

Case No.

Unit Reporting

Perf

Excr No.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments

Victim's Name/Officer

Address, Incr City, State, Zip Code

Date of Birth

Sex

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

Finger Print No.

Address, Incr City, State, Zip

Appt No.

Rec Pt.

Comments